

For Office Use Only				
Date Received:				
Permit #:				

## Manor & Historic Park

6555 Belmont Woods Road Elkridge, MD 21075

## **Rental Application\***

Date of Event:	Start time:	End time:		
Contract Holder:	Relationship	Relationship to Party Participant:		
Address:	City:	State:	Zip:	
Contract Holder's Day Phone:	Cell:	Fax:		
Contract Holder's Email:	Does the Cor	Does the Contract Holder live in county?		
Contract Holder's Date of Birth:  *The above information is required for registration.		Contractor is (please check): ☐ Male or ☐ Female		
Type of Event (Family Reunion, Bar/Bat N Estimated Number of Guests:	· 			
Caterer:				
Special Accommodations: Where would you like your event to be he			<del></del>	
☐ Canopy & Grounds ☐ First Flo	or Manor House	Manor House, Canopy & Kitchen	Grounds	
How did you hear about Belmont Manor	·	check.)		
Please mail/email/fax this completed Rer	ntal Application with a co	oy of driver's license/p	roof of residency to:	
Belmont Manor & Historic Park 6555 Belmont Woods Rd., Elkridge, N Email: callen@howardcounymd.gov Phone– 410 313-0200		ntymd.gov		
*Reservation is not confirmed until a rental contra	ct has been everyted signed a	nd denosit navment receive	d	

